## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

|  |   | <u> </u>                                  | _                              |  | 1/         |                                  | <u> </u> |                    |                        |    |                         |                        |
|--|---|---|--------------------------------|--|------------|----------------------------------|----------|--------------------|------------------------|----|-------------------------|------------------------|
|  | CLAIMS AS FILED - PART I  (Column 1) (Column 2) |   |                                |  |            |                                  |          | SMALL ENT          | rity                   | OR | OTHER THAN SMALL ENTITY |                        |
| <u></u>  | NATIONAL  | OTAOE EEEO                                | (Colum                         | n 1)   |            | (Column 2)                       | . ,      |                    |                        | 1  |                         | <del></del>            |
| U.S. NATIONAL STAGE FEES   |   |   | 40                             |  |            |                                  |          | RATE               | FEE                    |    | RATE                    | FEE                    |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150            |  | LAR        | GE ENT. = \$ 300                 |          | BASIC FEE          | 150                    | OR | BASIC FEE               |                        |
| EXAMINATION FEE  |   |   | Satisfies PCT Ar<br>(4) = \$50 | /\$ 100  |            | ther situations = 100 / \$ 200   |          | EXAM. FEE          | 601                    |    | EXAM. FEE               | 1                      |
| SEARCH FEE   |   |   | ALL other cou                  | S. is ISA = \$50 / \$100<br>MLL other countries =<br>\$200 / \$400 |            | ther situations = 5 250 / \$ 500 |          | SEARCH FEE         | 250                    |    | SEARCH FEE              | ,                      |
| FEE FOR EXTRA SPEC. PGS.   |   |   | · minı                         | ıs 100 =   |            | / 50 =                           |          | X \$ 125 =         |                        | Ì  | X \$ 250 =              | •                      |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 20 = *                   |  |            | 20                               |          | X \$ 25 =          | 500                    | OR | X \$ 50 =               |                        |
| INDI   | EPENDENT CL                                     | AIMS                                      | 8 m                            | inus 3 = ,   |            | 5                                |          | X \$ 100 =         | 500                    | OR | X \$ 200 =              |                        |
| MUL  | TIPLE DEPEN                                     | DENT CLAIM PRE                            | SENT                           | 7  |            |                                  |          | + \$ 180 =         |                        | OR | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                                |  |            |                                  |          | TOTAL              | <b>50</b> ∑            | OR | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |   |                                |  |            |                                  |          | SMALL ENTITY       |                        | OR | OTHER<br>SMALL E        |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                  | ER<br>USLY | PRESENT<br>EXTRA                 |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                          | **   |            | =                                | ſ        | X \$ 25 =          |                        | OR | X \$ 50 =               |                        |
|  | Independent                                     | *   | Minus                          | ***  |            | =                                |          | X \$ 100 =         | ·                      | OR | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                |  |            |                                  | ſ        | + \$ 180 =         |                        | OR | + \$ 360 =              |                        |
|  |   |   |                                |  |            |                                  | 7        | FEE                |                        | OR | TOTAL ADDIT. FEE        |                        |
|  |   | (Column 1)                                |                                | (Colum   | n 2)       | (Column 3)                       |          |                    |                        |    |                         |                        |
|  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F                                | ER<br>JSLY | PRESENT<br>EXTRA                 |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEÈ |
|  | Total   | *   | Minus                          | **   | •          | =                                |          | X \$ 25 =          |                        | OR | X \$ 50 =               |                        |
|  | Independent                                     | *   | Minus                          | ***  |            | =                                |          | X \$ 100 =         |                        | OR | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                |  |            |                                  |          | + \$ 180 =         |                        | OR | + \$ 360 =              |                        |
|  |   |   |                                |  |            |                                  | T        | OTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE     |                        |
|  |   |   |                                |  |            |                                  |          | _                  |                        |    |                         |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.